Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information -001

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area.

Row 1 Administrative Data	Reporter name: [redacted]	Submission date:	Contact person (if different than reporter)	Internal ID *1-53833892*
	Address: ***Oklahoma***		Address:	
	Phone #: [redacted]		Phone #:	
	Incident Status: *New*	Location and date of incident ***Oklahoma*** ***08/25/2018***	Date registrant became aware of incident: *9/1/2018*	Was incident part of larger study?

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) *239-2735*	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s)	A.I. (s)	A.I. (s)
	Product 1 Name ***GroundClear Concentrate***	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? *No*	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? *No* Intentional misuse? *No*	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right of way (rail, utility, highway)) ***Own Residence***	Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating) ***See Description Notes***
	Applicator certified PCO? ***Not applicable***		
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description***		

9/1/2018 10:46:52 AM Groundclear Concentrate
EPA reg: 239-2735

HX: Caller reporting on behalf of her husband who has been using the diluted product intermittently for several months. She states that starting a month ago, he developed difficulty swallowing and then last week, he developed swelling around his eyes, swollen tongue and throat. Her husband has seen a physician and his symptoms are resolving, she just wants to know if it could be related to the diluted product even though he doesnt think he got any of the product on his skin.

A:
- Skin exposure may result in irritation and redness, which should gradually subside following irrigation. Small ingestions of this product are unlikely to result in adverse health effects other than mild GI upset. We would expect signs of irritation to show within hours of exposure.
- Please continue with your physician's recommendations as I am concerned that your husband has an underlying condition not relate to the exposure described.

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area.

Demographic information Age: ***Unknown Adult (18-64)*** Sex: ***Male*** Occupation: (if relevant)	Exposure route: ***Unknown***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***Not applicable***
If female, pregnant? ***Did not query***	Was exposure occupational? ***No*** If yes, days lost due to illness:	Time between exposure and onset of symptoms: ***See Symptoms***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***HCF***	List signs/symptoms/adverse effects. ***Swelling, 3 days or less;***		If lab tests were performed, list test names and results (If available, submit reports). ***Not Reported***
Exposure data: Amount of pesticide: Exposure duration: Weight: Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1-53333892